ON THE TEACHING OF TUBERCULOSIS.*

BY

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I AM not a university professor of tuberculosis, therefore it may be asked by what right I presume to give advice on the teaching of tuberculosis to physicians and medical students. My excuse for taking up time to discuss the social question is this: for twenty years, as the responsible medical director of five State sanatoriums in Connecticut, I have been employing, studying, and teaching tuberculosis physicians produced by the professors of tuberculosis in the universities of America, Europe, and Japan. The banker or manufacturer who for twenty years had been employing accountants and stenographers from various business colleges of his own and other countries would probably have interesting and perhaps important opinions as to the weakness or strength of the different systems used by the business colleges to develop reliable book-keepers and rapid and accurate writers of shorthand. For the same reason have I opinions of the modern teaching of tuberculosis. The question whether they are interesting or important I must leave for you to decide.

The first criticism of the university professors' teaching of tuberculosis is that many of them do not teach it; they do not teach it as the live subject that it is to-day. What they teach is a cold simulacrum of the modern problem, a plaster cast or death mask of the tuberculosis problem as it looked twenty to fifty years ago. They exaggerate the dangers to which those who study tuberculosis are exposed; they tell in damning detail the discouraging failures of many of the generals who have heretofore led the fight against tuberculosis; they scorn all suggestions from their pupils or other students, and they raise doubts as to the absolute verity of the tuberculosis dogma that they and their textbooks teach.

The graduates of such classes naturally face the work of their lives crippled with what an eminent English physician told me was somewhat prevalent tuberculosis philosophy in his country, "the defeatist philosophy," the philosophy of despair, the philosophy that possibly makes good historians and statisticians, but makes dangerous doctors and unfit tuberculosis specialists. The doctor who has no hope or ambition of improving the present treatment of disease not only does not study, does not give his patients the chances for life that they should have, but he blocks medical "traffic" and interferes with the scientific progress of his fellow physicians toward the faintly shining goals of success that always beckon forward the leaders of the profession, the men whose vision and faith give them power to pierce the mists of "defeatism," timidity, and laziness.

In too many universities tuberculosis is taught as Latin and Greek or other dead subjects are taught. The students are forced to memorize rules and to memorize unproven, dogmatic statements. Tuberculosis is not a dead subject; it is one of the most live problems of to-day. The student to whom tuberculosis has been presented as a dead subject will take no other interest in it than to commit to memory such parts of the dry lectures, to which he has been forced to listen, as will enable him to pass his examination and to secure his medical degree or licence.

Tuberculosis is one of the most fascinating studies that now engage the mind of men. Yet of all the thousands of young doctors graduating every year from the medical schools and hospitals of the civilized world to how few of them has this fact been made clear! The young graduate who would announce to his class-mates that he intended to take up tuberculosis as his life work would be considered queer and sadly in need of a guardian by his fellows, who themselves were to be general surgeons, internists, public health officers, or medical missionaries to Cathay. Why

do these other medical fields attract the young graduates so much more than this? It is true there is not much money to be found in the tuberculosis field, but to the ambitious and sanguine thousands of young medical graduates the monetary outlook is seldom the dominating influence in deciding the question of their life's work. They want chiefly to do work that will be interesting and of service to humanity. It is for these reasons that the young graduate decides to become a general surgeon, or a general practitioner, or a public health official, or a medical missionary. The work to be done in these various lines of medical endeavour has been presented to him in such manner as to capture his heart and mind. His imagination glows as he pictures himself saving important lives as a great surgeon, or saving a whole people when, David-like, he kills a Goliath of plague with the pebble of some public health vaccine that he or his companions have discovered. But tuberculosis has no appeal for him. He has been told that it is a closed chapter, that the tubercle bacillus always was, and always will be, the tubercle bacillus; that tuberculosis will always kill human beings as it has always killed them, and that the only possible way to drive tuberculosis from the earth is to kill all the tubercle bacilli on earth, and all the tuberculous human beings, and all the tuberculous birds and brutes on earth. Then, and then only, will parents know that their children can grow into manhood and womanhood without danger of infection from tuberculosis. That, as my English acquaintance said, is the "defeatist" programme that is called teaching tuberculosis in so many medical schools. And it is on account of that "defeatist" programme that we do not get the brightest of the medical classes to come to us to enlist with us for saving mankind from the tubercle bacillus.

In order to secure for our work a fair share of the brightest of the new graduates, teachers in the universities must revise their lectures and perhaps their own conception of tuberculosis. Then they must make it clear that very little is yet known of the tubercle bacillus and of its devious ways of killing human beings; they must give the students and young physicians the opportunity to form opinions of their own on the many contentious phases of the tuberculosis problem. They must introduce the young men and women to the progeny of the tubercle bacillus, and to the various blood relations of the tubercle bacillus; to the question of the prebacillary and the filterable viruses of tuberculosis; to the problem of a possible relationship between tuberculosis and cancer; to the problem of dissipation. They must tell the truth about the contagiousness of tuberculosis, and do what they can to kill the phthisiophobia that they have unwittingly done so much to spread throughout the world; they must explain enthusiastically to such students as have a special love of surgery the attractiveness of the vista that is now opening before all the men capable of doing lung surgery. Concerning this last matter, it will not be sufficient to have the young men become able merely to name and describe the various operations now known as lung surgery. That kind of teaching will never stir into a flame any smouldering ember of tuberculosis enthusiasm. The surgically bent students must not only learn to perform the various operations of pulmonary tuberculosis, but they must be convinced of the tremendous importance of lung surgery, and the opportunity for fortune and renown that awaits the man, especially the young man, who proves himself a leader in this uncrowded line of endeavour. They must make it clear to all their students that what the world needs, what it expects, and what every year seems to bring nearer to realization, is a cure or preventive of tuberculosis, and, furthermore, that the race for this great prize is a "free-for-all," which is as likely to be won by the humblest student of tuberculosis as by the conductor of the most richly endowed laboratory or institute for research. They must make it clear to their students that the invitation to become tuberculosis specialists is not confined to men who themselves are tuberculous, or who fear that in some way the dark shadow of tuberculosis has fallen on them or on their families. Heretofore, such men have done most of the antituberculosis work of the world, and very good

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work too; now, however, the work beckons to the ablest and healthiest of the young medical men of the world to come, and to come immediately, to the assistance of the somewhat tired regiments that up to now have borne the battle's burden.

And we ourselves, do not let us pose as weepy martyrs, anxious to tell a world that we have sacrificed opportunity, and health, and gold, for a subordinate place in the anti-tuberculosis army. Even if most of our dreams of personal victories over the tubercle bacillus have failed of realization, even if we must still admit that we know but little of our enemy's plans and resources, even if yet one funeral in every dozen funerals is caused by the tubercle bacillus, we ourselves have had more than ordinarily happy and useful lives; we have saved and gladdened the lives of many of our brothers and sisters, and we have received abundantly of the world's love and gratitude. We old fellows owe it to truth and to our young recruits in the antituberculosis army to welcome them with smiles. Our appeal to them should be that of the big boy who goes first into the village swimming pool and who cries out to his young and hesitating mates on the bank: "Come on in! The water is fine!"

MEDICAL DEFENCE UNION.

ANNUAL GENERAL MEETING.

THE annual general meeting of the Medical Defence Union took place on October 2nd, with the president, Sir HERBERT WATERHOUSE, occupying the chair. The report of the council and financial statement were adopted unanimously, and the retiring members of council, Dr. W. T. Lydall, Dr. Henry Robinson, and Dr. Seymour Taylor, were re-elected.

President's Address.

In the course of some remarks on the year's work, Sir HERBERT WATERHOUSE said that claims against medical practitioners were increasing in frequency, and with the changing conditions of medical practice they were likely to increase still more in the future. Yet every year the Union was asked for help by practitioners who had failed to join a defence organization or had allowed their membership to lapse. Some of the cases dealt with during the past year had been of exceptional gravity, but in twelve in which proceedings had been threatened against the practitioner the matter was dropped when it was known that the Medical Defence Union would defend its member. In six other cases, where it did not seem that a successful defence was possible, the solicitors to the Union had been authorized to effect a settlement on reasonable terms, and in every case that went to the courts the verdict returned was in favour of the member—a striking testimony to the skilful handling of the defence by the solicitors (Messrs. Hempsons) and by the counsel employed. Sir Herbert Waterhouse asked members to bear in mind, however, that successful defence must always depend to a large extent upon the evidence available to rebut the allegations, and therefore it was of the highest importance that members should make a point of preserving a record in all difficult or doubtful cases. In an unusual number of cases this year claims for compensation had been made on account of broken hypodermic needles, and in one such case a writ had been issued and proceedings were pending. One important case in which the claim of a member, supported by the Union, had been successful concerned the fee to be paid for examining, at the instance of the coroner, seven bodies, victims of an aeroplane disaster. The proceedings in the county court and the judgement were set out in the *British Medical Journal* of August 9th (p. 216). Sir Herbert Waterhouse added that the Union now enjoyed a very high reputation, which had been ably maintained and, he believed, enhanced by the work carried out during the past twelve months. He thanked Dr. W. S. A. Griffith, a past-president, for attending to the duties of the chair while he himself was laid aside by the results of an accident, and he also thanked Dr. James Neal, the general secretary, and the solicitors (Messrs. Hempsons) for much valuable advice and help.

Annual Report for 1929.

The annual report, which was adopted at the meeting, bears witness to the progress of the Union by the announcement of a further acceptance of liability in connexion with indemnity insurance. In any case taken up by the council on behalf of a member the whole cost of the member's defence is paid by the Union, but, in addition, an unlimited indemnity is provided against damages and taxed or agreed costs incurred by the member in connexion with the case. Since 1926 the council has had an agreement with an insurance company whereby the first charge upon the indemnity insurance is borne by the funds of the Union up to 50 per cent. of the subscription income. Now, in consequence of the steady growth of the reserve fund, the council has undertaken liability up to the total amount of the subscription income, thus enabling the Union to insure against any claims in excess of that amount for a considerably smaller premium than has been paid hitherto.

Particulars of a large number of interesting cases dealt with during the year are given in the report. Many of these were settled by the general secretary without resort to legal aid, but 92 cases had to be referred to the solicitors. Actions for libel and slander comprised only five of this total, and the solicitors state that complaints of this character show a marked decline. Actions involving claims for malpraxis, as usual, represent more than half the cases referred. One rather interesting case is, briefly, as follows:

A well-known surgeon in the Midlands had a patient sent to him with symptoms of dyspepsia, with an abdominal tumour. He advised an exploratory operation, which disclosed inoperable cancer of the stomach. Gastro-enterostomy was performed, with marked improvement in the symptoms. The patient's husband, who was very pleased with the improvement, was advised that this could only be temporary. Until then he had been most grateful for what had been done, but on receiving the account his attitude changed, and he complained that the operation ought never to have been performed. On the advice of the Union proceedings were instituted for the recovery of the amount, the patient putting in a defence alleging unnecessary operation and repudiating liability. After a short time the Union was approached by the patient's husband, who expressed regret for his criticism of the treatment of the case, but asked the surgeon as an act of grace to reduce the account. This, however, was not acceded to, and the amount of the debt was paid in full.

Only one action for alleged wrongful certification of the insane came into court, though one other was threatened. Application was made under Section 330 of the Lunacy Act for the action to be stayed, but owing to the judgement of the Court of Appeal in the Hume-Spry case, in which one of the members of the court stated that it was not for them to examine the quality and character of the evidence before them, but that they were bound to accept any material presented by the plaintiff in support of the allegation that there had been lack of reasonable care, both the master and the judge refused to stay the proceedings. Thereupon the Union went to the Court of Appeal, and after a lengthy hearing the appeal was allowed and the proceedings stayed. An account of the proceedings in court will be found in the *British Medical Journal* for December 28th, 1929 (p. 1226). The solicitors state with regard to this result:

Without actually overruling the decision in the Hume-Spry case they (the court) made it perfectly clear that in their opinion it was the duty of the court in cases of this sort to examine the quality and character of the evidence produced by the plaintiff in support of a plea of lack of reasonable care. This, in our opinion, is a signal triumph, as after the findings of the court in the Hume-Spry case it was felt that it was almost useless to apply for a stay of proceedings under Section 330 of the Lunacy Act unless we were prepared to take the matter to the House of Lords.

A number of cases with which the Union has had to deal during the year have arisen out of national health insurance administration. In the majority of cases the Union has been successful on appeal either in reversing the decision appealed against, or, in cases of surcharge for alleged excessive prescribing, in obtaining a reduction of the proposed penalty.

The members of the Union on December 31st last numbered 15,886, and the annual income was £17,497, an increase of £435 over the previous year.